Application or Docket Number 00010172

| Effective October 1, 2000 | | | | | | | | | | | | | |
|--|---|---------------------------------|--------------|--------------|-------------------------|------------------|-------|---|------------------------|-----------------|-------------------------------|--|--|
| CLAIMS AS FILED - PART I (Column 1) (Column 2) | | | | | | | | SMALL ENTITY TYPE | | | OTHER THAN OR SMALL ENTITY | | |
| TOTAL CLAIMS | | | 52 | | | | F | ATE | FEE |] | RATE | FEE | |
| FOR | | | NUMBER FILED | | NUMBER EXTRA | | BAS | SIC FEE | 355.00 | ОВ | BASIC FEE | 710.00 | |
| TOTAL CHARGEABLE CLAIMS | | | 52 minus 20= | | 32 | | X | \$ 9= | | OR | X\$18= | 576 | |
| INDEPENDENT CLAIMS | | | // minus 3 = | | - 5 | | > | 40= | | OR | X80= | 240 | |
| MU | LTIPLE DEPEN | DENT CLAIM P | RESENT | | | | +135= | | | OR | +270= | | |
| * If the difference in column 1 is less than zero, enter "0" in column 2 | | | | | | | | DTAL | | OR | TOTAL | 1576 | |
| CLAIMS AS AMENDED - PART II | | | | | | | | OTHER THAN SMALL ENTITY OR SMALL ENTITY | | | | | |
| | | (Column 1) CLAIMS | | (Colu | mn 2) | (Column 3) | 21 | MALL | | OR 1 | SWINCE O | | |
| AMENDMENT A | | REMAINING AFTER AMENDMENT | | NUM PREVI | BER | PRESENT EXTRA | R | ATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE | |
| | Total | . 52 | Minus | | 2 | = | X | \$ 9= | | OR | X\$18= | | |
| 4ME! | Independent | . 6 | Minus | *** | 6 | <u>۽</u> | × | 40= | | OR | X80= | | |
| Ĺ | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | 135= | | OR | +270= | | |
| BEST AVAILABLE COPY | | | | | | | L | TOTAL | | 1 | TOTAL | | |
| | | | | | | | | IT. FEE | L | 1 _{OH} | ADDIT. FEE | | |
| _ | | (Column 1) | | | mn 2) HEST | (Column 3) | | | I ADDI | 1 | | ADO: | |
| AMENDMENT B | | REMAINING AFTER AMENDMENT | | NUN PREVI | MBER IOUSLY FOR | PRESENT EXTRA | F | ATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE | |
| | Total | * | Minus | ** | | = | X | \$ 9= | | OR | X\$18= | | |
| | Independent | , | Minus | *** | | = | ¬ | (40= | | OR | X80= | | |
| Ľ | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | ╵┟ | 135= | | OR | +270= | | |
| | | | | | | | L | TOTAL | | OR | TOTAL | | |
| | | | | | | | | IT. FEE | | IOH | ADDIT. FEE | | |
| _ | Indiana control de la control | (Column 1) CLAIMS | | | imn 2) HEST | (Column 3) | ۰ , | | | 7 | Y | 1 : | |
| AMENDMENT C | | REMAINING AFTER AMENDMENT | | ŅUM PREV | MBER IOUSLY D FOR | PRESENT EXTRA | F | ATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE | |
| | Total | | Minus | | | = | [× | \$ 9= | | OR | XS18= | | |
| | Independent | • | Minus | ••• | | = | | (40= | | OR | X80= | | |
| لاً | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | 135= | | OR | 070 | | |
| | * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. | | | | | | | | | 1 | TOTAL | | |

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

TOTAL

ADDIT. FEE

OR

TOTAL

ADDIT. FEE

TOTAL

ADDIT. F